



**BOSE MCKINNEY & EVANS LLP**

**CUSTOMER NUMBER 25267**

2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204

**PATENT APPLICATION**

Mail Stop Patent Application  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**Applicant(s):** Perez et al.

**Title:** PATIENT SUPPORT  
HAVING A SIDERAIL

**Atty. Docket No.:** 8266-1203

<b>Certificate Under 37 C.F.R. 1.10</b>	
Express Mail Label No.:	<u>EV418155613US</u>
Date of Deposit:	<u>February 19, 2004</u>
I hereby certify that this paper or fee is being deposited with the United States Postal Service' "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
<u>Angela E. Garland</u>	
Typed or Printed Name of Person Mailing Paper or Fee	
<u>Angie Garland</u>	
Signature of Person Mailing Paper or Fee	



Dear Sir:

This is a request for filing a ☐ continuation ☒ Divisional application under 37 C.F.R. § 1.53(b), of pending prior application Serial No. 09/839,090, now U.S. Patent No. 6,694,549, filed April 20, 2001 for PATIENT SUPPORT HAVING A SIDERAIL

The entire disclosure of the prior application, from which an oath or declaration is supplied, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

1. ☐ Enclosed is a copy of the prior application as originally filed.
2. ☒ Declaration and Power of Attorney:
  - ☐ is being filed with this application.
  - ☒ was filed in the prior application, and a copy is enclosed herewith.
3. ☐ Small entity status: Applicant claims small entity status. See 37 C.F.R. 1.27.
4. ☒ The filing fee has been calculated as shown below:

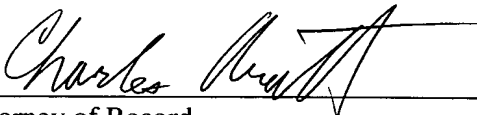
CLAIMS AS FILED					
	NUMBER FILED		NUMBER EXTRA*	RATE	FEE
BASIC FEE (37 C.F.R. 1.16(a))				\$770	\$770
TOTAL CLAIMS (37 C.F.R. 1.16(c))	27	- 20 =	7	\$18	\$126
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	- 3 =	0	\$86	\$0
MULTIPLE DEPENDENT CLAIM PRESENT	(37 C.F.R. 1.16(d))			\$290	
*NUMBER EXTRA MUST BE ZERO OR LARGER				TOTAL	\$896
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$896

5. ☒ A check in the amount of \$ 896.00 is enclosed to cover the filing fee.
6. ☐ Request for \_\_\_\_\_ Month extension of time in Application No. \_\_\_\_\_  
filed \_\_\_\_\_ is enclosed herewith.
7. ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed to cover the extension of time.
8. ☐ A Preliminary Amendment is enclosed.
9. ☒ The original application was assigned from the inventors to Hill-Rom Services, Inc.
10. ☐ An assignment of the invention is enclosed herewith.
11. ☐ A check in the amount of \$ \_\_\_\_\_ to cover the recordation fee for the  
assignment is enclosed.
12. ☐ Request For Non-Publication and Certification Under 35 U.S.C. 122(b)(2)(B)(1)
13. ☒ Associate Power of Attorney
14. ☒ Address all future communications to:

Intellectual Property Group  
Bose McKinney & Evans LLP  
2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, Indiana 46204  
Telephone: (317) 684-5000  
Facsimile: (317) 684-5173

15. ☒ An Information Disclosure Statement is enclosed.
16. ☒ A PTO Form 1449 is enclosed without copies of the 119 cited references.
17. ☒ The Commissioner is hereby authorized to charge any additional filing fees under 37  
C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during  
prosecution of this application, or credit any overpayment, to Bose McKinney &  
Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is  
enclosed.

February 19, 2004  
Date

  
\_\_\_\_\_  
Attorney of Record  
Printed Name: Charles W. Arnett  
Registration No.: 51,414  
Daytime Phone No.: (317) 684-5000

**BOSE McKINNEY & EVANS LLP**

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CERTIFICATE OF EXPRESS MAILING UNDER 37 C.F.R. 1.10

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Respectfully submitted,

BOSE McKINNEY & EVANS LLP

Angie Garland  
Angie E. Garland

Enclosures  
(317) 684-5000

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